



Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact support@jstor.org.

upon her baby or young child, and smothered it. Such an accident is liable to occur at any time, to any mother who sleeps in the same bed with her child.

So separate beds are as necessary as are separate tooth brushes or separate underclothes, or separate anything that is intimate and individual.

It is the duty, as well as the great privilege, of the trained nurse to spread these glad tidings, whenever and wherever opportunity affords, to the end that the sum total of health, happiness and efficiency may be increased among human beings everywhere.

NURSING ETHICS IN THE HOME¹

BY CLARA V. PETERSON, R.N.

Green Gables Sanatorium, Lincoln, Nebraska

We find ethics defined as "the science of conduct" and we are asked to consider the actions of the nurse in the pursuit of her profession in a private home. I may be stretching a point in going back a few hours earlier than the title suggests, but I wish to begin with the time when a nurse answers the call for a case. Irresponsible persons, who do indifferent work, are privileged to work where they wish and when they are in a mood for working, but a nurse who registers and allows herself to be known as one who is doing private duty nursing, gives the community the right to expect of her that she will go where and when she is needed, unless she is physically disqualified. Do not misunderstand me here,—a nurse need not be actually ill to be physically disqualified. One of our primary responsibilities is to keep ourselves well, not from the selfish point of view but from the broadest possible aspect.

They who give little heed to the call of the helpless because it happens not to suit their convenience, who object to out-of-town cases, or say they are expecting company, or declare they have no clean uniforms, seem to forget that the "claim of the nurse to professional status is based largely on service rendered to the public and on controlling educational and ethical principles," that she is practicing a profession and not a trade. She seems to forget, also, that though she is talking with a doctor or a registrar, the call comes from and the answer is made to, the needy one. It is true that upon arrival at the patient's home ideal conditions may not be found, but here again there should be shown the professional, not the commercial, spirit.

The matter of dress and appearance has much to do with making

¹ Read at a meeting of the Nebraska State Nurses' Association, December 3, 1918.

the first impression which, with the patient, is likely to be an enduring one. We hear that nurses sometimes fail to wear their uniform because they are "miles from anywhere" or because "the doctor will not be there for hours." I feel certain that if some nurses could hear the members of the family give an account of their scramble into collar and cap when the doctor's automobile is heard on the driveway, they would make a greater effort to have their appearance neat and attractive. "The suitable uniform is restful to the patient and identifies the nurse in the home as well as in the hospital." And again I quote: "Outside the sick room, except when on duty, the uniform is out of place and the nurse who unnecessarily goes about the street or in any public place in her uniform has lapsed from good standards."

The nurse should not look upon her patient as mere professional material. Whether in the hospital or in the home, "the patient is more than simply a sick man requiring treatment, he is an individual to whom illness has come to disorganize his entire living, all his services and all his responsibilities," while others, especially the members of his family, are caught in this current of ill luck. It is well for the nurse to recall her own thoughts of home before she entered training and to keep in mind that she herself has changed and that she once held ideas similar to those in the minds of her patient and his family.

The position of the nurse in the home is unique; it has no parallel. Who else has the privilege of going quietly into a home and of being, within a few hours, in authority? Who else has the privilege of seeking for and finding whatever she needs with which to do her work properly? People seldom know how much the trained nurse can be expected to do or how much attention she will require, and, although she is there for a certain purpose, and her duties for her patient are fairly well defined, the very nature of her work brings her into such close touch with all of the household arrangements that often she will hardly know where her strictly professional obligations end and where another sort of service should begin. The home is established on the basis of health, and rightly so, for it would not be well for the mind of man to be so cognizant of sickness that every home should be equipped as a hospital. We would not have the people in the home do all the readjusting. The nurse must adjust herself to meet most of the needs of the situation. She must remember that it is the type of illness and not the size of the income which causes a doctor to choose a trained nurse to care for a patient rather than allow a member of the family or a practical nurse to do so. We must keep in mind that often the graduate nurse is called into the home at great material sacrifice, even though it be true that for society as a whole,

it is the greatest economy to employ a graduate. Let us make the most of the privileges we are granted and live up to and elevate the standards set by the ideal nurse.

The charge of extravagance is so often heard that all nurses should give serious thought to measures for guarding against it. Just now when there is so much use made of the practical nurse and the attendant, through the temporary shortage of graduates, the trained nurse cannot afford to let this reputation hold, for the practical nurse, unaccustomed to the generous hospital supply, is usually more careful of the general expense. The true nurse takes pride in being able to substitute for costly appliances whenever necessary. Criticism is often made of the marring of costly furniture by the careless placing of pitchers or basins containing hot water, or by spilling hot water, alcohol or other chemicals. If a solution is spilled on the floor and is not quickly wiped up, it leaves its mark long after the good offices of the nurse are forgotten. The prodigal use of dressings, the careless use of towels and bedding, with failure to use old linen when there is danger that it will be stained, are among other failings of the careless nurse. I have recently heard of two nurses who donned their white uniforms freely and added their laundry bill to their regular charges. Such nurses do more to turn public opinion against their profession than many conscientious nurses can undo.

Is it not true, in many cases, that patients are as much disturbed by their consciousness of the trouble they are making others and by the concurrent expense, as they are by their actual physical discomfort? By her ingenuity in saving unnecessary expense the nurse can, in a measure, hasten her patient's recovery.

Another matter that is important on account of possible legal problems in the adjustment of health insurance claims, etc., is care in charting. Also, as people not only worry but get wrong ideas of a case by reading the bedside notes, the nurse should never allow any eyes but the doctor's and her own to read the history sheets.

The nurse has the privilege of waiting on herself, yet we hear women say they were glad to let the nurse go as she took so much waiting upon. If the head of the house be ill, and the household is generally upset, the nurse should count it her right and her responsibility to offer her assistance in things other than those pertaining to the sick room.

Every nurse knows that often the really difficult problem is in the handling of the relatives and the friends in the home. Sometimes a young graduate may wish to impress those about her with the importance of her training and may endeavor to make the "cousins and the aunts" conscious of the fact that their ideas are passé. Is not this

false dignity? It is far better to adapt herself to the family ways, devote herself to the interests of her patient, and let the assertion of her authority in the sick-room be gradual and almost imperceptible.

In consideration of the nurse as an educator, it is everywhere conceded that public opinion in regard to nursing problems depends more on the private duty nurse than upon any other representative of our profession. Through the intimate relationship to family machinery, the imprint of a nurse's influence is well nigh indelible. The more isolated a nurse is from nursing activities, the greater is her influence. In towns and rural districts, she is certain to be taken as an example by the small daughters of the family and of the neighbor's family as well; her acts and her attitude, as well as her words, will start these young lives upon a wrong or a rational attitude toward the whole question of disease prevention and health preservation.

If the average nurse were more consistent about spending a proper part of each day in rest of body and mind, with recreation for the latter, not waiting till she is off a case to take a long rest, she would be physically fit for duty a greater part of the time,—in other words, she would be more dependable, and the nurse who wins a reputation for dependability has done much for herself and for her profession. Yet we often hear of nurses who are continually complaining to the patient or the family of their little aches and pains. No matter what her sensations are, a nurse should never admit to the patient that she is not in the best of health, until she is ready to give up the case. As a nurse, she must face the fact that the public looks to her as an exponent of health in all its aspects, and if she is physically below par and does not submit to proper treatment, the impression in the lay mind is that she does not know her own work.

A year ago, an acquaintance of mine took a summer cottage by a small lake. She had been there but a few days when her husband became ill and nurses from the nearest city were called to care for him. Later she wrote me, "I recall how worried I was when Miss M. was trying to care for my husband in that cottage—no modern conveniences whatever—and how very much I appreciated her graciousness toward me. She was so sweetly tactful and reminded me that she had spent part of her childhood in a little house without running water, electricity, etc., and that she could manage very nicely. It meant everything to me at that time." Would that more nurses were so "sweetly tactful."

The position of the nurse is altogether what she herself makes it. She is confronted with conditions that require the highest order of work and at times, the actual nursing of her patient is only one of her duties, but there is no task, however unpleasant, that can lessen her dignity if the proper mental attitude is maintained.